



Wound, Ostomy or Continence Advanced Practice Portfolio Handbook

WOCNCB
Advanced Practice
Portfolio



WOCNCB® is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council, and the National Commission for Certifying Agencies

Advanced Practice Portfolio Handbook

For Recertification in Advanced Practice Wound, Ostomy, Continence Nursing

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Note: The Handbook may also be downloaded and printed from the WOCNCB® Web site, www.wocncb.org.

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INFORMATION

ABOUT THE WOCNCB®

The Wound, Ostomy and Continence Nursing Certification Board® (WOCNCB®) was established in 1978 by the International Association of Enterostomal Therapy (IAET), now known as the Wound, Ostomy and Continence Nurses Society (WOCN®). It is incorporated as a separate, distinct and financially independent entity of that group. The WOCNCB® is a national, non-governmental certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care or education to individuals with wound, ostomy, incontinence, and/or foot care needs. The organization is dedicated to promoting excellence in the profession of wound, ostomy, continence and foot care nursing through development, maintenance and protection of the certification process.

This process consists of fulfilling rigorous eligibility requirements that allow an individual to take the WOCNCB® certification exam(s). Upon passing the exam(s), individuals receive their CWOCN®, CWCN®, COCN®, CCCN®, CWON®, CFCN®, CWOCN-AP, CWON-AP, CWCN-AP, or CCCN-AP credential. Certification must be re-established every five years.

CERTIFICATION PHILOSOPHY

The WOCNCB® endorses the concept of voluntary, periodic certification. WOCNCB® certification focuses specifically on the individual and is an indication of current knowledge in a specialized area of nursing practice. Certification provides formal recognition of wound, ostomy or continence (WOC) and foot care nursing knowledge. The objectives of the WOCNCB® certification program are to promote excellence in wound, ostomy, continence, and foot care nursing by:

1. Formally recognizing those individuals who meet all the requirements of the WOCNCB®
 2. Encouraging continued professional growth in the practice of wound, ostomy, continence, and foot care nursing
 3. Establishing and measuring the level of knowledge required for certification in wound, ostomy, continence, and foot care nursing
 4. Providing a standard of knowledge required for certification, thereby assisting employers, the public and members of health professions in the assessment of the wound, ostomy, continence or foot care nurse.
-

ACCREDITATION

ABSNC

The WOCNCB® earned reaccreditation status of the following examination programs: CWOCN, CWON, CWCN, COCN, and CCCN in March 2011 by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council. Accreditation status is granted for five years. ABSNC, the only accrediting body specifically for nursing certification, is the standard-setting body for nursing certification programs. ABSNC sets a very stringent and comprehensive accreditation process. WOCNCB® provided extensive documentation demonstrating it has met the 18 ABSNC standards of quality. Using the analogy that ABSNC is to nursing certification organizations as is The Joint Commission for Accreditation of Hospital Organizations (TJC) to hospitals is appropriate. (www.nursingcertification.org)

NCCA

The WOCNCB® is also accredited by the National Commission for Certifying Agencies (NCCA). Accreditation by the prestigious NCCA assures that the WOCNCB® has met the most stringent and rigorous of standards in issuing its credentials. By meeting these standards, the WOCNCB® helps to ensure safe and expert practice of wound, ostomy and continence nursing. Additionally, accreditation assures that:

- The validity and integrity of credentials issued by the WOCNCB® are unquestionable and of the highest caliber.
- Fair and equitable standards have been met for each certificant who is certifying or recertifying.
- WOCNCB® certificants have earned credentials that are esteemed and valued among their peers, other medical professionals and employers. (<http://www.credentialingexcellence.org/>)

The WOCNCB® is proud of the hard-earned ABSNC and NCCA accreditations, and we hope our certificants share our pride.

STATEMENT OF NON-DISCRIMINATION POLICY

The WOCNCB® does not discriminate among certificants on any basis that would violate any applicable laws.

ABOUT THE WOCNCB® ADVANCED PRACTICE (AP) CERTIFICATION PROGRAM

The WOCNCB® established the AP certification program in June of 2005 at the request of Advanced Practice nurses specializing in wound, ostomy and continence care. Certification provides formal recognition of advanced wound, ostomy or continence (WOC) nursing knowledge. Both initial certification and recertification was earned via the portfolio process. In July 2012, advanced practice WOC examinations became available for recertification and became the only mechanism for initial AP certification. In March 2013, the AP Portfolio Handbook was significantly revised and simplified to recognize its new role as an option for recertification only.

PLEASE NOTE: Individuals are advised to discuss their specific AP licensure requirements with their state's Board of Nursing or AP nurse licensing agency.

WOCNCB® PHILOSOPHY ON ADVANCED PRACTICE RECERTIFICATION

The WOCNCB® endorses the concept of voluntary, periodic recertification as an indication of continuing competence and current knowledge in a specialized area. WOCNCB® certifications must be renewed every 5 years. Qualified advanced practice nurses may recertify in the specialties of wound, ostomy, and/or continence by passing the exam OR by fulfilling requirements of the Advanced Practice Portfolio (APP), OR, when more than one specialty certification is held, through a combination of these two processes. This handbook describes the process of recertification at the advanced practice level via professional portfolio. **This handbook is revised every 2-3 years.**

OVERVIEW – WOCNCB® ADVANCED PRACTICE RECERTIFICATION BY PORTFOLIO

The Advanced Practice (AP) Portfolio Program is an option for renewing wound, ostomy and/or continence certification via AP level activities that contribute to and demonstrate continued competence and current knowledge, at the advanced practice level.

Qualifying to recertify by portfolio, as described in this handbook, requires just 5 items:

- 1. Maintenance of advanced practice nurse licensure**
- 2. Maintenance of WOCNCB certification**
- 3. Clinical hours**
- 4. Continuing education**
- 5. Completion of ONE AP-Level Activity**

Once a candidate's application, fee and portfolio(s) are received, members of the WOCNCB® Advanced Practice Committee will review the portfolio(s) to assure recertification requirements are met. The review process typically takes 4 but may take as long as 8 weeks.

REQUIREMENTS

ELIGIBILITY REQUIREMENTS FOR RECERTIFYING AT THE AP LEVEL

To be eligible for recertification via WOCNCB® Advanced Practice Portfolio, a certificant must fulfill/complete/achieve the following requirements during the current certification period:

- A. Possess a current RN license and/or APN (NP, CNS, NMW or CRNA) license. (To verify, please submit a copy(s) of your current, active licenses with your application.)
- B. Possess current AP level WOCNCB® certification in the related specialty. (To verify, attach copy of certificate, or print out from www.wocncb.org "Credential Verification".) Submit documentation of this the AP Portfolio Application Form.
- C. Complete at least 350 clinical hours related to the specialty during the current 5 year certification period. Submit documentation of this on the "Education" Verification Form.
- D. Earn the equivalent of at least 40 hours per specialty of continuing education points related to the specialty. Submit documentation of this on the "Clinical Hours" Verification Form.
- E. Professional AP Level Activity - Complete requirements of ONE of the following AP level activities related to each specialty (wound, ostomy or continence) for which recertification is sought. Submit documentation of this on the Verification Form specific to each activity.

Option Number	Professional AP Level Activity Options
1	Professional Projects – submit documentation of A, B, C, D or E for this activity
2	Publications – submit documentation of at least 10 points for this activity
3	Research – submit documentation of 1 of 4 research options for this activity
4	Teaching &/or Precepting – submit documentation of at least 30 points for this activity
5	Organizational Involvement– submit documentation of at least 20 points for this activity

PLEASE NOTE: It is not permissible to recertify through the Professional Growth Program or the AP Portfolio process if you fail the examination in that specialty during that same recertification cycle.

OTHER REQUIREMENTS & GUIDELINES

- ✓ AP portfolio requirements (licensure, clinical hours, CE, & AP Level Activities) must be fulfilled/completed during the applicant's current certification period.
- ✓ **The handbook is updated every 2-3 years. Be sure to follow the most current handbook edition.**
- ✓ Carefully review descriptions for each AP Level Activity before deciding which one to submit under.
- ✓ Unless preapproved as described under "Activities Related to More Than One WOC Specialty", AP Level activities submitted under one specialty may not be submitted under another specialty.
- ✓ Credit or points can only be given for repeating activities on different dates, when content has been significantly revised due to new evidence or a significantly altered situation.
- ✓ WOCNCB® cannot accept Advanced Practice Portfolio applications for recertification from candidates who attempted to recertify by examination but failed in the same 5-year certification cycle. It is permissible, however, to recertify by examination after submitting an unsuccessful portfolio(s).
- ✓ Applications and supporting documents must be typed, consistently formatted, grammatically correct and accurately spelled in order to ensure efficient communication and high quality reviews. Applications not meeting these criteria may be returned without being reviewed.
Note: The electronic application forms do not have a spelling correction feature. You may wish to type your answers in Microsoft Word, check your spelling, and then transfer the text to the application.

Disclaimer: It is at the discretion of the AP Committee to assure content truly relates to the clinical specialty under which it was submitted.

PROFESSIONAL ACTIVITIES EXPLAINED

Professional Activities are defined as courses and activities that are not directly or clinically related to wound, ostomy, or continence-specific activities, yet they directly impact or enhance one's role as a wound, ostomy and/or continence nurse at the advanced practice level.

Examples of Professional Practice related to WOC nursing: "Pain Management in Clinical Practice", "Evidence Based Practice from Conception to Implementation", "Leadership Development Workshop."

Professional Practice submissions should **not** be related to general nursing or non-nursing tasks: "CPR", "ACLS", "HIPAA", "Expectations of the Staff Nurse", "Decline in Hospitalized Patients", "Elders, Promoting Workforce Integrity", "Cultivating the Heart and Soul of Our Nursing Profession."

If you are unsure whether content relates to Clinical or Professional Practice and whether a professional practice topic meets requirements for WOC recertification, you may send a request for review and preliminary approval to info@wocncb.org **at least two months before** your Portfolio Submission Deadline. *Disclaimer: AP portfolios are subject to review by the AP committee. Final determinations cannot be made until a complete portfolio is officially submitted and reviewed.*

ACTIVITIES RELATED TO MORE THAN ONE WOC SPECIALTY

Some activities may be considered appropriate for more than one specialty. For example, incontinence-associated dermatitis may be used in either continence or wound; and depending on the circumstances, fistula management may fit under wound, ostomy or continence. It is up to the applicant to determine which specialty best applies to each activity. Candidates who desire to split credit for an activity between 2 or 3 specialties may submit their rationale to the AP Committee for consideration prior to submitting their AP recertification application and portfolio. Although, in these specially preapproved situations, credit/points would be able to be divided between specialties, the same credit/points may not be used in more than one activity.

TIPS FOR SUCCESSFUL PORTFOLIO RECERTIFICATION

- ✓ Start planning 2-4 years before your current certification expires by checking the AP Recertification Handbook on the WOCNCB® website and making a plan to meet its requirements.
- ✓ Keep RN &/or AP, NP, CNS, NMW or CRNA licensure(s) current.
- ✓ Determine which WOCNCB® certifications to renew at the entry-level and which to renew at the AP level. For entry level, please refer to the PGP Handbook. For AP level, continue as described herein for each specialty (wound, ostomy &/or continence) recertification desired.
- ✓ Begin attending related continuing education courses.
- ✓ Determine which AP Level Activity Category to submit under. Then, make and begin implementing a plan to meet its requirements.
- ✓ 6-12 months before your current certification's expiration date, recheck the WOCNCB® website for the current version of the AP Recertification Handbook and save those files on your computer.
- ✓ Complete the application and related forms according to requirements of the AP Portfolio Handbook in effect at the time your portfolio(s) will be submitted.
- ✓ Submit your portfolio electronically as an e-mail attachment to info@wocncb.org during your **Submission Window** as described on page 10 (see "Deadlines").
- ✓ Keep documents that support your application handy to facilitate a rapid response if your application is randomly chosen for audit (see Audit Process section below).
- ✓ Include payment via check or credit card with your application.
- ✓ **IMPORTANT:** Portfolios and application fees must be received within each candidate's submission window (see "Deadlines" on page 10)
- ✓ The WOCNCB® Office will acknowledge portfolio receipt, by reply e-mail, within 3 business days.
- ✓ Await email notification saying a revision is needed or your recertification has been approved. This notification will be sent to you within 4-6 weeks of the date your complete application is received.

Once approved for recertification, you will be notified by email and a Certificate will be sent within 12 weeks and your credentials will be updated, under Credential Verification, on www.wocncb.org

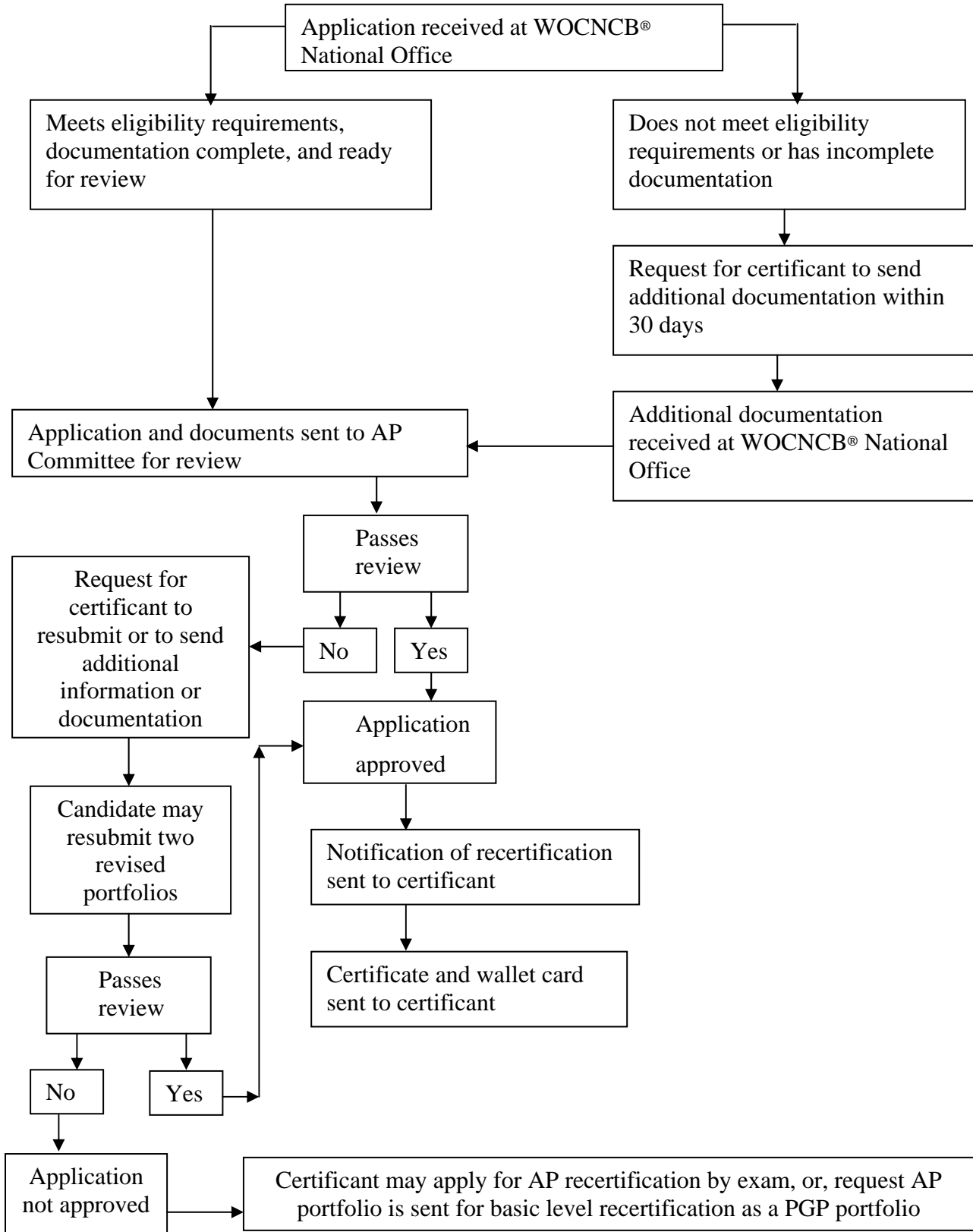
AUDIT PROCESS

The WOCNCB® performs a random audit on AP portfolio applications. Certificants selected for audit will be notified by Return Receipt Requested mail within five days of application. If audited, you must submit the documentation required for audit to the WOCNCB® within 30 days of notice. The required audit documentation is listed at the end of each AP-Level Activity category. Only one opportunity to comply is allowed. Candidates who fail to comply will lose the options of recertifying by PGP and AP Portfolio leaving examination the only remaining option for recertification.

IMPORTANT: As the deadline for submitting audit materials is short and the penalty for missing that deadline is significant, applicants are expected and advised to have recertification documents readily available upon request.

APPLICATION REVIEW PROCESS

Once a complete and eligible application packet is received, it may take as long as 60 days before a pass/fail determination is made. If you have not received notification within 45 days, however, please feel free to contact the WOCNCB®.



APPLICATION SUBMISSION

ELECTRONIC SUBMISSION OF AP PORTFOLIOS

AP portfolio application packets must be computer-generated or typewritten. The WOCNCB encourages candidates recertifying via Advanced Practice (AP) to submit their application portfolio via electronic means. You may use the AP Forms found on the website, save the files on your computer, and send the electronic files as an e-mail attachment to: info@wocncb.org. We will acknowledge receipt of your application portfolio by reply e-mail. Payment may be made via check or credit card and must accompany the portfolio. **WOCNCB office staff will verify current WOCNCB certification and RN licensure. Please be sure to check with your state board that your licensure is updated.** If you have questions about this process, please contact the WOCNCB at 1-888-496-2622 or e-mail info@wocncb.org.

DEADLINES

Portfolio Submission Deadline: Portfolios MUST be submitted during a 3 month "Submission Window". This window starts 6 months before and ends 3 months before the candidate's current certification is due to expire. Examples of how this works for certifications ending on June 30 or February 28 follow.

Certification expiration <i>examples only</i>	Portfolio Application & Fees may be submitted as early as	Portfolio Submission Deadline - Application & Fees must be received no later than	New certification will expire
June 30 th	December 31 st	March 30 th	June 30 th , 5 years later
February 28 th	November 30 th	August 31 st	February 28 th , 5 years later

IMPORTANT NOTES:

- Your Portfolio Submission Deadline is 3 months before your current certification expires.
- Portfolio documents & fees must be received during your Portfolio Submission Window (see above).
- If your portfolio submission is initially found to be incomplete, you may continue completing requirements and submit those up to your application deadline. AP portfolio requirements completed after your application deadline will be applicable to your next five-year recertification period.
- WOCNCB® certifications earned on different dates will each have their own deadline. Submissions of one specialty recertification will not impact deadline dates of the others.
- Portfolios submitted and approved early in one's "submission window" will not impact the duration of one's current certification. Therefore, the new certification period will not start until the previous one expires.
- If you would like to combine any individual certification credentials you hold so they all expire on the same date, please submit your request in writing to the WOCNCB® office at info@WOCNCB.org.
- While certification is for a 5-year period, recertification activities must occur between the date your current certification took effect and your "portfolio submission deadline" date. Therefore, candidates have less than 5 years to fulfill recertification requirements.

APPLYING FOR AP BY PORTFOLIO IN COMBINATION WITH EXAMS

For those who hold more than one WOCNCB® certification (wound, ostomy, continence &/or foot):

If you elect to submit AP portfolio(s) for 1, 2, or 3 of your WOCNCB® recertifications plus take exam(s) for the others, first submit AP portfolio(s) with the fee for all (2, 3, or 4) recertifications to info@WOCNCB.org. Then submit a paper exam application marked "prepaid via AP Portfolio" in the payment section to the testing agency. Mail this paper application for exams to Castle Worldwide for processing.

PLEASE NOTE: It is not permissible to recertify through the Professional Growth Program or the AP Portfolio process if you first fail the examination for that same recertification cycle.

APPLICATION FEES

Send the portfolio with your payment using the following fee structure:

One Specialty:	\$375
Two Specialties:	\$490
Three Specialties:	\$590
Four Specialties:	\$650

RESUBMISSION & TIMING

Portfolios that require revision may be resubmitted within 30 days of the date of the notification. This may be done no more than two times.

Two other options exist when a portfolio is not approved. They are:

- Submit portfolio via the Professional Growth Process for consideration of entry-level recertification. In this case, no additional fee will be charged.
- Submit an application to recertify by AP examination. Full examination fees will apply.

PLEASE NOTE: *It is not permissible to recertify through the Professional Growth Program or the AP Portfolio process if you first fail the examination for that same recertification cycle.*

HELP / QUESTIONS

If questions about the AP process remain after careful review of this handbook, such as what is or is not acceptable, please refer to the “Ask the Board” section of the WOCNCB® website www.wocncb.org. You may find your question was answered previously. If you cannot find a pertinent answer, feel free to post your question. A Board member will post an answer to your question within 48 hours.

Disclaimer: *The Board’s answers to AP questions posted on the www.wocncb.org Web site’s “Ask the Board” are as accurate as possible without having the questioner’s complete portfolio. Questions may at times lack comprehensive information about a specific activity, or a question or answer may be misinterpreted by the reader. As a result, the WOCNCB® cannot guarantee that it will accept points based on answers posted on “Ask the Board.” Points can only be fully verified and justified when the complete portfolio is evaluated by AP reviewers.*

ACTIVITY EXPLANATIONS AND VERIFICATION FORMS

The following Application and Verification Forms are **examples- do not use them**. Please use forms found under "Using Interactive Portfolio Forms" at:

<http://www.wocncb.org/become-certified/advanced-practice/how-to-obtain.php>

EXAMPLE APPLICATION FOR ADVANCED PRACTICE WOCN CERTIFICATION (AP PORTFOLIO)

Complete this application and submit with the following items:

- Copy of any APN certifications (if applicable)
- Copy of Graduate level diploma and transcripts, verifying completion of NP or CNS program
- Copy of most recent performance evaluation **OR** peer review letter of recommendation
- Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities
- Check or money order, payable to the WOCNCB
- Send application with payment and materials via email to: info@wocncb.org**

or mail to:

WOCNCB, AP Portfolio Program
555 E. Wells St., Suite 1100
Milwaukee, WI 53202

- Fees: Any One Specialty: \$375
- Any Two Specialties: \$490
- Three Specialties: \$590

Name _____

Preferred Address _____

City, State, Zip _____

Telephone work _____ home _____

E-mail _____

Licensure RN State _____ APN State _____

Education (check all that apply)

- Diploma Associate BA BSN MSN DNP PhD BS MS

Other _____

Practice Setting (check all that apply)

- Acute Homecare Outpatient Extended Care Industry Private Education
- Administration Research

I am applying as a:

- CWOCN-AP® CWCN-AP® COCN-AP® CCCN-AP® CWON-AP®

My current certification expiration date(s): _____

Years in Nursing _____ Years as a Certified WOC Nurse _____

I attest that all statements on this application are true. If statements are found to be false, certification may be suspended or revoked. Signature _____ Date _____

If payment is by credit card, complete the following: Visa MasterCard

Card #: _____ Expiration _____

Your Name as it appears on card: _____

Signature _____ Date _____

AP Portfolio Program Verification Forms: After carefully reading instructions in this handbook, please choose which activities to submit and submit Verification Forms for those activities to this application.

PLEASE NOTE: Please do not submit Verification Forms for additional activities in excess of those required. Applications with excess Verification Forms will be returned to allow the candidate to choose which activities to submit.

Clinical Hours

For each specialty (wound, ostomy and/or continence), candidate must complete a minimum of 350 related clinical hours focused on that specialty during the certification period.

Acceptable Activities: Directly providing patient care or serving as the Clinical Instructor to RN's or APN's providing wound, ostomy or continence care to patients.

Verification Form: Clinical Hours

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

By checking this box I confirm that I worked at least 350 hours during the current certification period in the specialty indicated.

1. Date range of clinical hours: _____

2. Clinical setting: _____

3. Role(s) while completing claimed clinical hours – check all that apply:

Direct care provider

Clinical Instructor

Employee

Self-employed &/or in Private practice. If checked, please describe what you plan to submit if audited here (see # 2 below).

Documentation required if audited:

Proof of clinical hours such as:

1. Letter from supervisor(s) confirming all the points above.

2. If self-employed or in private practice and a letter from a supervisor is not possible, documentation reflecting compliance with clinical hour requirement must be submitted.

EDUCATION

The education component of the AP Portfolio requires the applicant to have obtained **40** hours of education within the current certification period. It may be fulfilled by using:

1. Continuing education (CE), or
2. Academic (college/university) courses

Courses used in one specialty portfolio may not be used again in a different specialty portfolio, and will be considered duplication.

- **At least 20 contact hours must be directly related to the clinical specialty (wound, ostomy, or continence)**
- **At least 10 contact hours must be focused on pharmacology**
- **No more than 10 contact hours may be focused on professional nursing practice**

Continuing Education: One Contact Hour (CME, CNE or CE) = 50-60 minutes.

REMINDER: When claiming continuing education points for this category, the full program title must be specified. Packets submitted with a general conference title will not be accepted. For example, listing the “WOCN Annual Conference” is unacceptable. Each lecture attended must be listed separately to determine relevance to the specialty, e.g. “Pharmacologic Agents for Continence Management”, “Topical Treatments for Control of Bioburden” or “Pouching Techniques for Enterocutaneous Fistulas”.

Examples of professional practice topics would be “WOCN Legal Issues”, “Preceptor Workshop” or “Marketing Your Business”. Continuing Education points related to such topics as HIPPA, CPR, ACLS, etc. are not acceptable because they are not specific to WOCN practice. For more, see Professional Activities Explained above

Academic Education

1 academic semester credit = 15 contact hours = 15 CE's

1 academic quarter credit = 12.5 contact hours = 12.5 CE's

Examples of academic acceptable courses

Advanced Physical Assessment, Advanced Pharmacology, Advanced Anatomy and Physiology, Business, Ethics, Education classes (e.g. Adult Learning Theory), Chronic Disease Management

PLEASE NOTE: Academic credits must be from an accredited college or university. Credits must relate to the specialty certification which is sought (wound, ostomy and continence) nursing, or be related to health care, teaching or the biopsychosocial knowledge base of human services.

Documentation Required if Audited:

1. Transcripts, or Certificate of attendance or completion that includes name, date, program title, and the number of contact hours awarded.

PROFESSIONAL PROJECTS

Activities in this category must clearly demonstrate achievement of advanced practice and include **complex activities requiring significant preparation and multiple steps for completion**. To receive credit for this category, you must have had the primary responsibility for completion of the activity. Candidates who select this AP Level Activity, may choose any ONE of the five activity options described below.

- A. Establish a wound, ostomy or continence nursing or multidisciplinary service in which the AP WOC Nurse carries the primary responsibility for the care of wound, ostomy and/or continence issues within a healthcare setting. She may work alone or be assisted by a team. This team might include a Physical Therapist, a Surgeon, a Social Worker, and a Dietician, etc. If this category is used for more than one specialty, items below must address each specialty as appropriate. This must include:
- Writing a proposal or business plan
 - Performing a literature review to assist with development of the policies, procedures, formulary, and billing
 - Developing initial policies and procedures
 - Developing a product formulary
 - Developing a billing procedure
 - Implementing the plan
- B. Lead a quality improvement (QI) project. This must include:
- Evaluation of the situation
 - Identification of the problem
 - Performance of a literature review
 - Identification of potential solutions that are evidence-based
 - Implementation of a corrective program
 - Re-evaluation of the identified problem
- C. Write a Grant Proposal (non-research based).
(Example: grant money for educational development or to obtain equipment).
- D. Capstone Project for Post-Masters certificate or Doctoral-level nursing degree.
Definition: The capstone project is a culmination of the knowledge gained during graduate or doctoral level courses. The primary objective of these projects is the improvement of healthcare outcomes in practice settings through translation of evidence into practice. These projects may include investigation of questions about practice and therapies, changes in the healthcare delivery system, organizational changes that impact healthcare at the local, regional and national level and legislation and health care policies that reduce healthcare disparities.
- E. Special Projects: activities not defined in the AP Portfolio handbook. These activities must be submitted to the AP Committee for pre-approval. The request for pre-approval may be sent any time within the certification period, but must be at least one month prior to AP application deadline. The AP Committee will review the request and make a decision of acceptability. It is required you use the Pre-Approval Form to summarize the project. Other documentation may be requested. Remember, the project must be complex, require significant preparation and multiple steps for completion, and pertain to the specialty (wound, ostomy, or continence).

Examples that may qualify include:

- Learning Module in a written, electronic, or video format. The module must include objectives, learning activities, and competency evaluation.
- Medical mission or disaster relief to provide or teach about WOC care
- Legal Nurse Consulting

Documentation required if audited:

Activity A: Copy of policies & procedures, product formulary, billing procedure; letter from administrator confirming your role

Activity B: Letter from administrator confirming your role

Activity C: Copy of grant proposal document

Activity D: Letter from academic advisor confirming project

Activity E: Additional items to be requested from candidate during the pre-approval period

Verification Form: Professional Projects: Activity A
Establish a WOC Nursing or Multidisciplinary Service

Use for Activity A to document activities related to establishing a wound, ostomy or continence nursing or multidisciplinary service.

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

1. Date activity completed: _____
2. Include a copy of your proposal or business plan with this application.
3. Include a copy of your literature review with reference list in APA or AMA format.
4. List the titles of the policies and procedure documents created and supporting literature references.
5. Describe in several paragraphs how your product formulary was determined.
6. Describe in several paragraphs how your billing procedure was designed.

Verification Form: Professional Projects: Activity B
Quality Improvement Project

Use for Activity B to document activities related to a Quality Improvement Project

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Date activity completed _____

Please summarize by answering the following questions in several paragraphs for each question:

1. What was the clinical challenge?
2. How was the challenge identified?
3. What actions were implemented to address the project?
4. Describe the evaluation process.
5. What were the results of the project?

Include a copy of your literature review with reference list in APA or AMA format.

Verification Form: Professional Projects: Activity C
Grant Proposal

Use for Activity C to document activities related to writing a Grant Proposal

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Date activity completed: _____

Date grant application submitted: _____

1. Title of your grant proposal _____

2. Please include a copy of the grants' abstract/executive summary.

EXAMPLE
DO NOT USE

**Verification Form: Professional Projects: Activity D
Capstone Project**

Use for Activity D to document activities related to a Capstone Project

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Complete this form for a **Capstone Project**

Date activity completed _____

Please provide a description the following:

1. Synopsis of the project
2. Purpose or problem statement and background information
3. The need and feasibility of the project
4. Project objectives
5. Methodology or main activities of the project
6. Evaluation plan
7. End results

Please also include a copy of your literature review with reference list in APA or AMA format.

**Verification Form: Professional Projects Activity E
Special Project Pre-approval**

Please use this form for Activity E to document activities not elsewhere defined and submit for pre-approval, as a special project, by the AP Committee.

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Date Activity Completed _____

Complete this form for each project or activity. Answer each section with several paragraphs of information. Summarize the activity in as much detail as possible. You must include how it relates to the selected specialty area and why it should be considered an advanced practice project.

1. Summarize activity as it relates to the selected specialty area.
2. Provide an overview of the implementation of program / project as it relates to the selected specialty area.
3. Evaluation of program / project (implications for clinical practice) as it relates to the selected specialty area.

Submit this form, no later than 30 days prior to the portfolio deadlines, via email to: info@wocncb.org

**Or mail to: WOCNCB
555 East Wells Street #1100
Milwaukee, WI 53202**

PUBLICATIONS

If you choose to submit under this category, the publication must meet all the following criteria:

- author, co-author, editor, or co-editor
- published in a peer-reviewed journal, professional organization newsletter or directed at professional or academic audience
- includes current (within 5 years) or seminal references.
- accepted for publication during renewal period, publication date may be after renewal period.
- related to area for which certification is sought.
- a minimum of 10 total points are required for this category.

Publication Types & Point Differentiations

Key. Type of Publication	Length parameters	Points
A. Doctoral Dissertation or Capstone project		10
B. Authored textbook	>300 pages	10
C. Authored textbook	<300 pages	10
D. Master's thesis or Capstone project		10
E. Textbook or journal editor		10
F. Journal section editor		5/yr service
G. Chapter in a book		10
H. Formal review of an article, book or media	>200 words	2/article 2/media 5/book
I. Column in professional journal	>200 words	2/column
J. Article in professional newsletter	>200 words	1/article
K. Original research article in peer reviewed journal		10
L. Original article in professional journal		2/article
M. Newsletter Editor		2/yr of service

Definitions:

Reviewer for textbook, chapter or journal article: reviews and analyzes content related to WOC nursing practice

Reference list publication dates (RLPD): dates articles were published, seminal articles first; then the year range of other articles

Documentation required if audited:

Documentation that demonstrates publication meets criteria listed above. The exact documentation needed to fulfill this requirement depends on the publication but examples of possible documentation that might assist include:

1. Copy of product
2. List of references used to create publication, should be current (within 5 years) or seminal references
3. National Library of Medicine citation or specific URL address of publication.
4. Documentation to show journal is peer-reviewed, newsletter is directed at related professional or academic audience.

RESEARCH

The CWOCN-AP role carries with it an understanding that the APN in specialty practice can demonstrate knowledge application evidenced by an ability to translate research into their practice, improve current practice and outcomes based upon evidence, and participate in research related activities as either a primary investigator or secondary participant. To use this category for recertification, the submitted activity must show evidence of participation in research that improves current practice and/or patient outcomes related to either wound, ostomy or continence nursing practice. For research or grant proposals, the AP candidate can only use the submitted project one time for re-certification if the study or grant approval is still pending at the time of the submission (the results, findings and conclusions cannot be submitted in 5 years in this category).

Participation in Research

To receive AP credit in the research category, you must have served as the principal or co-investigator of a study, author or co-author of a study proposal / grant, or had the primary responsibility for a research activity such as collecting and analyzing data. Research activities must relate to the specialty for which you are seeking re-certification and must be approved by an Institutional Review Board (IRB) or equivalent approval (peer and/or expert review process) as appropriate.

Select one of these activities:

- Develop an evidence-based study proposal
- Write and submit a grant application
- Develop or test a research tool
- Detailed analysis & interpretation of clinical research data

Documentation required if audited:

1. A copy of the study proposal or grant application.
2. A copy of the IRB or review process approval letter.
3. A copy of the research data tool and a brief discussion (2-4 paragraphs) of its development and/or testing process.
4. Submit documentation to substantiate data analysis activity (a brief discussion in 2-4 paragraphs, describing analysis including research design, sample and setting, data collection instruments, procedures and data analysis as appropriate).

Verification Form: Research

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

1. Date research activity completed: _____ (if on-going, state such).
2. Date submitted to IRB or equivalent approval process: _____ (must be prior to submission of portfolio).
3. Date approval received from IRB or equivalent approval process: _____ (if pending, state such).
4. Submit a written abstract of the study, grant or analysis project (include problem statement, methods, results/findings, conclusions). Abstract should be less than 300 words excluding title.
5. Submit the literature review and/or a list of references used to write the study, grant or analysis project in APA (American Psychological Association) or AMA (American Medical Association) format.

TEACHING and/or PRECEPTING

A minimum of **30 points** are **required** from the **Teaching and Preceptor** activity section to achieve acceptance of this category for your portfolio AP recertification. You can either earn all 30 points from teaching, precepting or a combination of the two.

TEACHING ACTIVITIES

To receive AP points, teaching activities must focus on the specialty for which you are seeking recertification, occur in the classroom, clinical area and /or formal meeting/conference and certificant is the primary or co-author of the content. You must be the instructor /presenter with a formal presentation (i.e., slides, podium) of teaching/learning appropriate for the intended participant. You will not receive additional AP points for repeating presentations/lectures/posters, etc., unless the content clearly has been significantly altered due to integration of new clinical evidence.

Teaching activities at the advanced practice level require analysis of current healthcare research findings that expand clinical knowledge, enhance role performance and increase knowledge of professional issues. *(2010 WOCN: Scope and standards of Practice, Standard #8. Education, page 40.)*

Acceptable Activity.....AP Points are awarded based on time, type of activity and level of audience.

1. CME or CNE Conference/lecture/workshop presentation:

AP Point Value per each 15 minutes of presentation based on participant type:

Residents, Physicians, WOC nurses, APN's, Physician Assistants.....	2.5 points
Licensed medical professionals.....	2.0 points

2. Non CME or CNE Conference/lecture/workshop presentation:

AP Point Value per each 15 minutes of presentation based on participant type:

Residents, Physicians, WOC nurses, APN's, Physician Assistants.....	2.0 points
Licensed medical professionals.....	1.5 points
Non- Licensed health care professionals.....	1.0 points

3. Primary author of conference poster presentation at state level or greater:

AP Point Value/poster 10 points

PRECEPTOR ACTIVITIES

Precepting activities at the Advanced Practice level require participation in multi-professional teams that contribute to role development and directly or indirectly advance nursing practice and health services. *(2010 WOCN: Scope and standards of Practice, Standard #10.Collegiality, page 42.)* To receive AP points, preceptor activities must focus on the specialty for which you are seeking recertification. Acceptable preceptor activities include **academic preceptorship** or **clinical education** of healthcare professionals.

- 1. Academic preceptorship:** involves providing clinical experiences to students in a WOCNEP*, DNP, APN (NP, CNS, NMW or CRNA), Physician Assistant, Medical Doctor, or Physical Therapist educational program and requires written objectives and evaluation. 40 hours = 30 points**
- 2. Clinical education preceptorship:** involves mentoring, orientation of, or being shadowed by, non-students such as physicians, nurses (CWOCN, CWS, NP, CNS, NMW or CRNA), Physician Assistants or Physical Therapists. 120 hours = 30 points**

* WOCNEP – Wound Ostomy Continence Nursing Education Program

** *Academic and clinical educator preceptorships can be combined, utilizing 13.3 hours per 10 points for academic and 40 hours per 10 points for clinical educator preceptorship.*

Documentation required if audited: Documentation that substantiates teaching activity.

Examples:

1. Presentation or lecture –brochure or letter showing participation.
2. Poster presentation – proof of acceptance of the poster or copy of published abstract for the conference.

Verification Form: Teaching

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Date of Presentation	CME or CNE (Yes/No)	Presentation Title	Conference Name (i.e., WOCN)	Oral vs. Poster	Participant Type	Number of minutes	AP Points

Documentation required if audited: Documentation that substantiates teaching activity.

Examples:

1. Presentation or lecture –brochure or letter showing participation.
2. Poster presentation – proof of acceptance of the poster or copy of published abstract for the conference.

Verification Form: Preceptor

Please complete a separate verification form for each specialty & indicate that specialty by checking the appropriate box: wound ostomy continence

Applicant's Name: _____

Complete a separate form for each specialty. Check one: wound ostomy continence

Dates	Name of Academic Institution (if applicable)	Academic Preceptorship (Yes/No)	Clinical educator preceptorship (Yes/No)	Number of Preceptees	Combined Number of Hours	AP Points

Documentation required if audited:

Documentation that substantiates precepting activity.

Examples:

1. Academic Preceptorship – letter of agreement or written validation of precepting experience.
2. Clinical educator Preceptorship – log listing names & dates

PROFESSIONAL ORGANIZATION INVOLVEMENT

1. If this category is selected, a minimum of **15** points are required.
2. Participating in international/national/regional/state/affiliate and local professional or non-profit health related organizations and must contribute to the certificant's continuing competence in the specialty recertification is being sought. Acceptable organizations may include Wound, Ostomy, Continence Certification Board (WOCNCB®), Wound, Ostomy, Continence Nurses Society (WOCN), Society of Urologic Nurses and Associated (SUNA), American Association of Rehabilitation Nurses (AARN), or the Association for the Advancement of Wound Care (AAWC).
3. Points described below are for each full year of office served and can be used only for the specialty for which the organization is noted.
4. Serving on institutional or agency (employment-based) committees is not acceptable for earning AP points.
5. Public health policy activities may involve representation of professional organizations at the national, regional or state level. Example: participation in consensus groups meetings, testimony for regulatory bodies, and development of documents related to public health policy decisions for wound/ostomy continence issues.

Acceptable Activity Type	Points Awarded per year	Example
Officer at the international level	20	President of the World Congress of Enterostomal Therapists (WCET)
Committee or task force chair at international level	15	Chair of WCET Clinical Practice Committee
Committee member at the international level	10	Member of WCET Membership Committee
Officer at the national level	20	President of the WOCNCB®
Officer at the regional level	10	Treasurer of the Southeast Region of WOCN
Officer at the state/affiliate/local level	10	Secretary of the Northern Illinois Affiliate WOCN
Committee or task force chair at the national level	15	Chair of the WOCN Ostomy Committee
Committee or task force chair at the regional level	8	Chair of South Central Region Scholarship Committee
Committee or task force chair at the state/affiliate/local level	8	Member of the Indiana Pressure Ulcer Prevention Task Force
Committee member at the national level in advanced practice	20	Member of WOCNCB® Advanced Practice Committee
Committee member at the national level	10	Member of SUNA committee Member of
Committee member at the regional level	5	Member of South Central Region Scholarship Committee
Committee member at the state/ affiliate/ local level	5	Member of the local UOAA planning committee

Definitions:

- Affiliate: Branch of the WOCN national organization [http://www.wocn.org/?page=r a map](http://www.wocn.org/?page=r_a_map)
- Continuing competence: Level of clinical expertise in area of advanced practice.

Documentation required if audited: Documentation from organization confirming participation.

